

subjective enquiry.

What Kierkegaard here calls “the secrets of God” cannot be learned as a form of objective knowledge, but instead must be appropriated inwardly by each individual

(*ibid*, p 103)

However, again Kierkegaard was clear that this did not provide the truth *per se*, but as a way towards that truth, or as Stewart sums up,

Thus, irony as a negative force is not the truth itself but rather prepares the individual to find the truth on one’s own.

(*ibid*, p 104).

Sentences like this are useful as a succinct summary of some of Kierkegaard’s most profound thinking and seem very much in the spirit of Kierkegaard, offering not a conclusive view but one open to further, and continued, examination of our existence.

Stewart’s book conveys a passion for Kierkegaard’s writing as well as a vivid description of his life in, and occasionally beyond, Copenhagen in the mid-19th century. This passion provides a base for further exploration of this extraordinary thinker, and of the contemporary relevance of his work to our lives to-day.

Malcolm Freeman

Diagnoses and Beyond: Counselling psychology contributions to understanding human distress

Martin Milton (ed) (2012). Ross-on-Wye: PCCS Books.

As a counselling psychologist, I am forever sucked into the vortex of diagnoses and labels that all lead to the client wanting an answer, a quick result but more importantly a way to relieve themselves of the anguish and torment they are experiencing. I find myself wanting to offer a client a proposed diagnosis in order to give them something to work with, something to hold onto that allows them to justify the emotional suffering they are experiencing. It is also a way of me to feel that I have given them something useful (and quick) in order to alleviate their pain. Nonetheless, I find myself pulling away reminding oneself that human distress is part of life and that the label is just a label, it can be worn or taken off where possible or if chosen to.

In IAPT services, assessments are tailored to support the client to understand their distress and work towards a formulation that maps out their treatment plan and goals. It is all too common in such services that having a label

or a proposed diagnosis, will enable the client to view their problem from a different perspective and allow them to collaboratively work with the clinician to get better. But what if getting better takes longer than 12 or 22 sessions? What if getting better is a life long journey that leads to open doors or even closed ones that hinder the healing process? Martin Milton's book explores the idea that psychopathology is not an extension of the client but rather it is intertwined through the personal and interpersonal relationships one has with the self and others. The book also explores diagnosis as part of the presenting problem but not as the means to getting better as the human psyche is complex and woven within social and personal discourses. The book begins by offering the reader tools in supporting the client as to how they can manage a proposed diagnosis by discussing the advantages and disadvantages of the diagnostic system, mostly being denied or given access to services. I found it encouraging that practitioners are supported to work in an individualised way that enables dialogue and respects the client's uniqueness in their experience of a diagnosis.

The book moves on to exploring depression, anxiety, phobias, pain, relational trauma, borderline personality disorder and embodiment and somatoform distress, all of which are all too common mental health issues both in the public and private sector services. The writers of each chapter offer their professional and evidence-based understanding of the presenting problem but quickly move the reader towards a real case example of a client. For the reader, this is the interesting part as it showcases the skills of the author but also demonstrates the consistency of the book. I particularly enjoyed reading chapter 6 'Relational Trauma: The boy who lost his shadow' by Louise Brorstrom. Frequently, I meet clients who present with depression or anxiety but through patience, unconditional positive regard and a safe environment, I draw out the child that sits in front of me as an adult seeking reassurance and understanding, something that has not been met by their caregiver as a child. Louise's chapter signifies the importance of relational trauma and the impact this has on the child when the caregiver is consistently mistuned to the child's emotional needs. The impact on the child manifests as they develop into an adult, as they negotiate their relationships by constantly playing a game of hide and seek fearful that the self will be exposed and reliving the shame of not having their emotional needs met again.

I advise the reader not read the book from their own psychotherapeutic approach but rather allow the words to unwind in a way that does not seek assurances from therapeutic perspectives but rather to encourage the reader to look beyond the comfort and safety of their therapeutic approach. It is a short book of only 8 chapters and 136 pages, something I find useful having a busy schedule as it is easy to read. It is concise, clear and easy to grasp yet it does allow examination of one's own work with clients.